

Fill in this information to identify the case:

Debtor Name THE 4D FACTORY LLC

United States Bankruptcy Court for the Southern District of New York

Case number: 23-11619 MEW

☐ Check if this is an amended filing

## Official Form 425C

### Monthly Operating Report for Small Business Under Chapter 11

12/17

Month: December 2023

Date report filed: 01/29/2024  
MM / DD / YYYY

Line of business: Media Technology

NAISC code: 5415

In accordance with title 28, section 1746, of the United States Code, I declare under penalty of perjury that I have examined the following small business monthly operating report and the accompanying attachments and, to the best of my knowledge, these documents are true, correct, and complete.

Responsible party:

Original signature of responsible party

Printed name of responsible party

Cort Javarone, Managing Member

#### 1. Questionnaire

Answer all questions on behalf of the debtor for the period covered by this report, unless otherwise indicated.

**If you answer No to any of the questions in lines 1-9, attach an explanation and label it Exhibit A.**

- |  | Yes                                 | No                       | N/A                                 |
|--|-------------------------------------|--------------------------|-------------------------------------|
| 1. Did the business operate during the entire reporting period?                                    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 2. Do you plan to continue to operate the business next month?                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 3. Have you paid all of your bills on time?  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 4. Did you pay your employees on time?   | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5. Have you deposited all the receipts for your business into debtor in possession (DIP) accounts? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 6. Have you timely filed your tax returns and paid all of your taxes?                              | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7. Have you timely filed all other required government filings?                                    | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 8. Are you current on your quarterly fee payments to the U.S. Trustee or Bankruptcy Administrator? | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 9. Have you timely paid all of your insurance premiums?  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |

**If you answer Yes to any of the questions in lines 10-18, attach an explanation and label it Exhibit B.**

- |   |                                     |                                     |                                     |
|---|-------------------------------------|-------------------------------------|-------------------------------------|
| 10. Do you have any bank accounts open other than the DIP accounts?                                       | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 11. Have you sold any assets other than inventory?  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 12. Have you sold or transferred any assets or provided services to anyone related to the DIP in any way? | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 13. Did any insurance company cancel your policy?   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 14. Did you have any unusual or significant unanticipated expenses?                                       | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 15. Have you borrowed money from anyone or has anyone made any payments on your behalf?                   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 16. Has anyone made an investment in your business?   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |

Debtor Name THE 4D FACTORY LLC

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17. Have you paid any bills you owed before you filed bankruptcy? ☐ ☒ ☐
18. Have you allowed any checks to clear the bank that were issued before you filed bankruptcy? ☐ ☒ ☐

## 2. Summary of Cash Activity for All Accounts

**19. Total opening balance of all accounts**

This amount must equal what you reported as the cash on hand at the end of the month in the previous month. If this is your first report, report the total cash on hand as of the date of the filing of this case.

\$ 3,264

**20. Total cash receipts**

Attach a listing of all cash received for the month and label it *Exhibit C*. Include all cash received even if you have not deposited it at the bank, collections on receivables, credit card deposits, cash received from other parties, or loans, gifts, or payments made by other parties on your behalf. Do not attach bank statements in lieu of *Exhibit C*.

Report the total from *Exhibit C* here.

\$ 4,280.09

**21. Total cash disbursements**

Attach a listing of all payments you made in the month and label it *Exhibit D*. List the date paid, payee, purpose, and amount. Include all cash payments, debit card transactions, checks issued even if they have not cleared the bank, outstanding checks issued before the bankruptcy was filed that were allowed to clear this month, and payments made by other parties on your behalf. Do not attach bank statements in lieu of *Exhibit D*.

Report the total from *Exhibit D* here.

- \$ 2,280.09

**22. Net cash flow**

Subtract line 21 from line 20 and report the result here.

This amount may be different from what you may have calculated as *net profit*.

+ \$ 2,000.00

**23. Cash on hand at the end of the month**

Add line 22 + line 19. Report the result here.

Report this figure as the *cash on hand at the beginning of the month* on your next operating report.

This amount may not match your bank account balance because you may have outstanding checks that have not cleared the bank or deposits in transit.

= \$ 5,264.00

## 3. Unpaid Bills

Attach a list of all debts (including taxes) which you have incurred since the date you filed bankruptcy but have not paid. Label it *Exhibit E*. Include the date the debt was incurred, who is owed the money, the purpose of the debt, and when the debt is due. Report the total from *Exhibit E* here.

**24. Total payables**

(*Exhibit E*)

\$ 1,372.66

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#### 4. Money Owed to You

Attach a list of all amounts owed to you by your customers for work you have done or merchandise you have sold. Include amounts owed to you both before, and after you filed bankruptcy. Label it *Exhibit F*. Identify who owes you money, how much is owed, and when payment is due. Report the total from *Exhibit F* here.

25. Total receivables \$ 0  
(Exhibit F)

#### 5. Employees

26. What was the number of employees when the case was filed? 0  
27. What is the number of employees as of the date of this monthly report? 0

#### 6. Professional Fees

28. How much have you paid this month in professional fees related to this bankruptcy case? \$ 0  
29. How much have you paid in professional fees related to this bankruptcy case since the case was filed? \$ 0  
30. How much have you paid this month in other professional fees? \$ 0  
31. How much have you paid in total other professional fees since filing the case? \$ 0

#### 7. Projections

Compare your actual cash receipts and disbursements to what you projected in the previous month. Projected figures in the first month should match those provided at the initial debtor interview, if any.

	Column A		Column B		Column C
	Projected	—	Actual	=	Difference
	Copy lines 35-37 from the previous month's report.		Copy lines 20-22 of this report.		Subtract Column B from Column A.
32. Cash receipts	\$ <u>0</u>	—	\$ <u>4,280.09</u>	=	\$ <u>4,280.09</u>
33. Cash disbursements	\$ <u>4,400</u>	—	\$ <u>2,280.09</u>	=	\$ <u>2,119.91</u>
34. Net cash flow	\$ <u>-4,400</u>	—	\$ <u>2,000.00</u>	=	\$ <u>2,400.00</u>
35. Total projected cash receipts for the next month:					\$ <u>4,000</u>
36. Total projected cash disbursements for the next month:					— \$ <u>4,400</u>
37. Total projected net cash flow for the next month:					= \$ <u>0</u>

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## 8. Additional Information

If available, check the box to the left and attach copies of the following documents.

- ☒ 38. Bank statements for each open account (redact all but the last 4 digits of account numbers).
- ☐ 39. Bank reconciliation reports for each account.
- ☐ 40. Financial reports such as an income statement (profit & loss) and/or balance sheet.
- ☐ 41. Budget, projection, or forecast reports.
- ☐ 42. Project, job costing, or work-in-progress reports.

Print

Save As...

Reset

**4D FACTORY LLC**

**EXHIBIT B**

Q16: Cort Javarone paid the following expenses for the company in the reporting period\*:

Bank Fees	130.00
Insurance	919.92
Software	687.67
Office	70.61
Communications	156.89
Business Meals	275.17
Transport	39.83
<hr/>	
Total	2,280.09

\*These amounts will be treated as a capital investment by Mr. Javarone and not a loan and is further subject to the operating agreement of the Company and the rights of other members and holders.

Note 1: The Debtor's affiliates are attempting to absorb costs/expenses beneficial to their respective interests, which costs/expenses may have previously been paid at the parent company level.

Note 2: Cort Javarone has deferred his compensation as CEO/Managing Member of The 4D Factory LLC pending availability of funds.

**EXHIBIT D**

Expenses paid by Cort Javarone (Ex B)	<u>\$2,280.09</u>
Total	\$2,280.09

**EXHIBIT E**

Box Dataroom Service	\$423.00
Insurance	<u>\$949.66</u>
Total	\$1,372.66

**Initiate Business Checking<sup>SM</sup>**

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THE 4D FACTORY LLC  
DEBTOR IN POSSESSION  
CH 11 CASE23-11619(SNY)  
300 SOUTHARD ST STE 207  
KEY WEST FL 33040-8402

**Questions?**

Available by phone Mon-Sat 7:00am-11:00pm Eastern Time, Sun 9:00am-10:00pm Eastern Time:

We accept all relay calls, including 711

**1-800-CALL-WELLS** (1-800-225-5935)

En español: 1-877-337-7454

Online: [wellsfargo.com/biz](https://wellsfargo.com/biz)

Write: Wells Fargo Bank, N.A. (348)  
P.O. Box 6995  
Portland, OR 97228-6995

**Your Business and Wells Fargo**

Visit [wellsfargo.com/digitalbusinessresources](https://wellsfargo.com/digitalbusinessresources) to explore tours, articles, infographics, and other resources on the topics of money movement, account management and monitoring, security and fraud prevention, and more.

**Account options**

A check mark in the box indicates you have these convenient services with your account(s). Go to [wellsfargo.com/biz](https://wellsfargo.com/biz) or call the number above if you have questions or if you would like to add new services.

Business Online Banking	<input checked="" type="checkbox"/>
Online Statements	<input checked="" type="checkbox"/>
Business Bill Pay	<input checked="" type="checkbox"/>
Business Spending Report	<input checked="" type="checkbox"/>
Overdraft Protection	<input type="checkbox"/>

**Tips on wiring money**

Wiring money is just like sending cash. Help protect yourself by knowing how to spot the signs of a scam. Red flags include pressure to send right away, investments that promise high returns, unexpected requests from impersonators posing as well-known organizations, and last-minute changes to established wire instructions. Consider consulting a banker before you wire money.

Learn more at [wellsfargo.com/stopwirescams](https://wellsfargo.com/stopwirescams)



### Statement period activity summary

Beginning balance on 12/1	\$3,264.00
Deposits/Credits	2,000.00
Withdrawals/Debits	- 0.00
<b>Ending balance on 12/31</b>	<b>\$5,264.00</b>

Account number: 3153

**THE 4D FACTORY LLC**  
**DEBTOR IN POSSESSION**  
**CH 11 CASE23-11619(SNY)**

NEW York account terms and conditions apply

For Direct Deposit use  
Routing Number (RTN): 026012881

For Wire Transfers use  
Routing Number (RTN): 121000248

### Overdraft Protection

This account is not currently covered by Overdraft Protection. If you would like more information regarding Overdraft Protection and eligibility requirements please call the number listed on your statement or visit your Wells Fargo branch.

### Transaction history

Date	Check Number	Description	Deposits/ Credits	Withdrawals/ Debits	Ending daily balance
12/7		Online Transfer From 4D Management LLC Business Checking xxxxxx5782 Ref #1b0Lkfr7P3 on 12/07/23	2,000.00		5,264.00
<b>Ending balance on 12/31</b>					<b>5,264.00</b>
<b>Totals</b>			<b>\$2,000.00</b>	<b>\$0.00</b>	

The Ending Daily Balance does not reflect any pending withdrawals or holds on deposited funds that may have been outstanding on your account when your transactions posted. If you had insufficient available funds when a transaction posted, fees may have been assessed.

### Monthly service fee summary

For a complete list of fees and detailed account information, see the disclosures applicable to your account or talk to a banker. Go to [wellsfargo.com/feefaq](https://wellsfargo.com/feefaq) for a link to these documents, and answers to common monthly service fee questions.

Fee period 12/01/2023 - 12/31/2023 Standard monthly service fee \$10.00 You paid \$0.00

We waived the fee this fee period to allow you to meet one of the options to avoid the monthly service fee.

How to avoid the monthly service fee	Minimum required	This fee period
Have any <b>ONE</b> of the following each fee period		
• Average ledger balance	\$1,000.00	\$4,877.00 <input checked="" type="checkbox"/>
• Minimum daily balance	\$500.00	\$3,264.00 <input checked="" type="checkbox"/>

The Monthly service fee summary fee period ending date shown above includes a Saturday, Sunday, or holiday which are non-business days.

Transactions occurring after the last business day of the month will be included in your next fee period.

CH1



## Important Information You Should Know

- **To dispute or report inaccuracies in information we have furnished to a Consumer Reporting Agency about your accounts:** Wells Fargo Bank, N.A. may furnish information about deposit accounts to Early Warning Services. You have the right to dispute the accuracy of information that we have furnished to a consumer reporting agency by writing to us at Overdraft Collection and Recovery, P.O. Box 5058, Portland, OR 97208-5058. Include with the dispute the following information as available: Full name (First, Middle, Last), Complete address, The account number or other information to identify the account being disputed, Last four digits of your social security number, Date of Birth. Please describe the specific information that is inaccurate or in dispute and the basis for the dispute along with supporting documentation. If you believe the information furnished is the result of identity theft, please provide us with an identity theft report.
- **In case of errors or questions about other transactions (that are not electronic transfers):** Promptly review your account statement within 30 days after we made it available to you, and notify us of any errors.
- **If your account has a negative balance:** Please note that an account overdraft that is not resolved 60 days from the date the account first became overdrawn will result in closure and charge off of your account. In this event, it is important that you make arrangements to redirect recurring deposits and payments to another account. The closure will be reported to Early Warning Services. We reserve the right to close and/or charge-off your account at an earlier date, as permitted by law. The laws of some states require us to inform you that this communication is an attempt to collect a debt and that any information obtained will be used for that purpose.
- To download and print an Account Balance Calculation Worksheet(PDF) to help you balance your checking or savings account, enter [www.wellsfargo.com/balancemyaccount](http://www.wellsfargo.com/balancemyaccount) in your browser on either your computer or mobile device.

## Account Balance Calculation Worksheet

1. Use the following worksheet to calculate your overall account balance.
2. Go through your register and mark each check, withdrawal, ATM transaction, payment, deposit or other credit listed on your statement. Be sure that your register shows any interest paid into your account and any service charges, automatic payments or ATM transactions withdrawn from your account during this statement period.
3. Use the chart to the right to list any deposits, transfers to your account, outstanding checks, ATM withdrawals, ATM payments or any other withdrawals (including any from previous months) which are listed in your register but not shown on your statement.

**ENTER**

**A.** The ending balance  
shown on your statement ..... \$ \_\_\_\_\_

**ADD**

**B.** Any deposits listed in your register or transfers into your account which are not shown on your statement.

\$	_____
\$	_____
\$	_____
+	\$ _____

\*\*\*\*\* TOTAL \$

**CALCULATE THE SUBTOTAL**

(Add Parts A and B)

..... TOTAL \$ .....

**SUBTRACT**

c. The total outstanding checks and withdrawals from the chart above ..... - \$

**CALCULATE THE ENDING BALANCE**

(Part A + Part B - Part C)

This amount should be the same  
as the current balance shown in  
your check register. . . . . \$

[illegible]



JPMorgan Chase Bank, N.A.  
 P O Box 182051  
 Columbus, OH 43218 - 2051

December 01, 2023 through December 29, 2023

Account Number: 17975

#### Customer Service Information

If you have any questions about your statement, please contact your Customer Service Professional.

00002450 WBS 021 211 36423 NNNNNNNNNN 1 000000000 C1

THE 4D FACTORY LLC  
 THE 4D FACTORY - OPERATING  
 622 NE 89TH ST  
 MIAMI SHORES FL 33138



## Commercial Checking

### Summary

	Number	Market Value/Amount	Shares
Opening Ledger Balance		\$0.00	
Deposits and Credits	0	\$0.00	
Withdrawals and Debits	0	\$0.00	
Checks Paid	0	\$0.00	
<b>Ending Ledger Balance</b>		<b>\$0.00</b>	

Your service charges, fees and earnings credit have been calculated through account analysis.

\* Annual Percentage Yield Earned - the percentage rate earned if balances remain on deposit for a full year with compounding, no change in the interest rate and all interest is left in the account.

Please examine this statement of account at once. By continuing to use the account, you agree that: (1) the account is subject to the Bank's deposit account agreement, and (2) the Bank has no responsibility for any error in or improper charge to the account (including any unauthorized or altered check) unless you notify us in writing of this error or charge within sixty days of the mailing or availability of the first statement on which the error or charge appears.

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